CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the U.S. 1 USG Services sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for RECEIVED

Wendy Dial (Typed or Printed Name of Person Mailing Paper or Fee)

Technology Center 2600

PATENT APPLICATION Attorney Docket No. M97-138600

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE PATENT APPLICATION OF)
) Examiner: Lo, L.
Klein)
) Group Art Unit: 2614
Serial No. 09/048,932)
)
Filing Date: March 26, 1998)
)
Title: APPARATUS FOR ASSISTING VIDEO)
COMPRESSION IN A COMPUTER SYSTEM)

RESPONSE TO OFFICIAL ACTION UNDER 37 C.F.R. § 1.111

Box Non-Fee Amendment **Assistant Commissioner for Patents** Washington, D.C. 20231

Sir:

In response to the Official Action mailed November 7, 2001, please consider the following amendments and remarks.



7614

CERTIFICATE OF MAILING

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(Typed or Printed Name of Person Mailing Paper or Fee)

Signature of Person Mailing Paper or Fee)

PATENT APPLICATION Attorney Docket No. M97-138600

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE PATENT APPLICATION OF)
Klein) Examiner: Lo, L.
Serial No. 09/048,932) Group Art Unit: 2614)
Filing Date: March 26, 1998	RECEIVED
For: APPARATUS FOR ASSISTING VIDE COMPRESSION IN A COMPUTER S	YSTEM)
AMENDMENT 1	TRANSMITTAL LETTER Technology Center 2600

AMENDMENT TRANSMITTAL LETTER

Box Non-Fee Amendment **Assistant Commissioner for Patents** Washington, D.C. 20231

Sir:

In connection with the above-referenced U. S. patent application, transmitted herewith are the following papers:

- [x]Response under 37 C.F.R. § 1.111 to official action mailed November 7, 2001.
- [] A petition for extension of time is also enclosed with a fee of \$55.00 for a onemonth extension for a small entity.
- [] Terminal disclaimer under 37 C.F. R. § 1.321(c), including
 - [] check for \$110.00 fee under 37 C.F.R. § 1.20(d), and
 - [] 2 certificates under 37 C.F.R. § 3.73(b).
- [] Information disclosure statement, form 1449 and ___ references.
- No additional claims fees are required. [x]

[] An additional fee is required, and is calculated as shown below:

AMENDED CLAIMS						
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE	
Total Claims	20	MINUS = 20	0	x \$18 =		
Independent Claims	3	MINUS = 3	0	x \$84 =		
If Amendment adds mul Total Amendment Fee If small entity status is c						
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					\$0.00	

A check in the amount of \$	is enclosed.
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- [] Charge \$___ to Deposit Account No. ____ (Docket No. ____).
- [x] Please deduct any <u>underpayments</u>, credit any <u>overpayments</u>, and charge all required <u>extension of time fees</u> to Deposit Account Number 50-1003. (Docket No. M97-138600).

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Tel: (530) 759-1663 FAX: (530) 759-1665

Respectfully submitted,

By

Edward J. Grundler Registration No. 47,615

Date: January 3, 2002